Attorney Docket No.: SPSN-H0561





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Phèreby certify that this trans	mittal of the below	described document is beir	ng deposited with the U	nited States Po	ostal Sen	ice in an
envelope bearing First Class	Postage and addre	ssed to the Commissioner	for Patents P.O. Box 14	450, Alexandria	a, VA 22	313-1450,
on the below date of deposit.						
Date of	Name of Person		Signature of the		1	

Date of Deposit:

Name of Person Making the Deposit:

In re Application of: FASTOW, et al. Application No.: 10/658, 936 Examiner: NGUYEN, D. Filed: 09/09/2003 Art Unit: 2818 Confirmation No.: 3102 For: FLASH MEMORY DEVICE WITH HIGH-K DIELECTRIC MATERIAL BETWEEN SUBSTRATE AND GATE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 AMENDMENT TRANSMITTAL 1. Transmitted herewith is an amendment for this application Transmitted herewith is a response to an office action for the above identified patent application. sheets) Transmitted herewith are sheets of substitute formal drawings. Other: 2. Applicant is other than a small entity **Extension of Term** 3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (a) [] (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:) Extension Fee l one month \$120.00 two months \$450.00 three months \$1,020.00 I four months \$1,590.00 [] five months \$2,160.00

If an additional extension of time is required, please consider this a petition therefor.

(b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Fee \$

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Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a sm	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total
Total Claims	8	- 20 =		x \$50.00	\$0.00
Independent Claims	3	- 3 =		x\$200.00	\$0.00
Multiple Dependent Claim Fee (one or more, first added by this amendment) \$360.00					
Total Fees					

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 50-4160.

 A duplicate copy of this authorization is enclosed.

Please direct all correspondence concerning the above-identified application to the following address:

MURABITO, HAO & BARNES LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Customer No: 61754

Respectfully submitted,

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By: U_ XMO		
William A. Zarbis Reg No. 46 120		